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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Laurence J. Cull, et al.	Examiner: Jessica L. Frantz
Serial Number: 10/673,859	Atty Docket No.: P03195 (6639-000043/US)
Filed: September 29, 2003	Art Unit: 3746
For: PERISTALTIC PUMP WITH AIR VENTING VIA THE MOVEMENT OF A PUMP HEAD OR A BACKING PLATE DURING SURGERY	

AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

HONORABLE SIR:

This is an amendment in response to the Office Action mailed 13 June 2006.

Amendments to the Specification begins on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks begin on page 7 of this paper.

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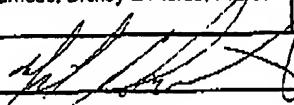
Approved for use through 09/30/2005. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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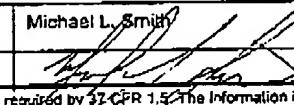
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/673,859
		Filing Date	September 29, 2003
		First Named Inventor	Laurence J. Cull, et al.
		Art Unit	3748
		Examiner Name	Jessica L. Frantz
Total Number of Pages in This Submission	11	Attorney Docket Number	P03195 (6639-00043/US)

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	
		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.C.		Attorney Name Michael L. Smith
Signature			
Date	September 12, 2006		

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Signature		Date	September 12, 2006

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